

<b>AMENDMENT TRANSMITTAL</b>	Docket No. P003-7003US0
Applicant: Robert Baird WATSON Serial No: 10/550,823 Filed: September 23, 2005 For: HYPODERMIC SYRINGE Examiner: Michael J. ANDERSON Art Unit: 3767	

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

**Transmitted herewith for filing is the following:**

**Enclosures**

- ☒ Amendment  
☐ Petition for a month Extension of Time  
☐ Return Receipt Postcard  
☐ Other:

**Small Entity**

- ☒ Applicant/assignee claims small entity status.  
☐ Small entity status is no longer claimed.

**Fees**

Claims as Filed					
	Claims Filed	Highest Number Paid for	Number of Extra Claims	Rate	Additional Fees Due
Total Claims (37 CFR §1.16(c))	28	- 29 =	0 X	\$50.00 =	\$ 0.00
Independent Claims (37 CFR §1.16(b))	1	- 3 =	0 X	\$200.00 =	\$ 0.00
<b>Extension Fee</b>					\$ 0.00
<b>Reduction by 50% for filing by small entity</b>					\$ 0.00
<b>Total Filing Fee</b>					<b><u>\$ 0.00</u></b>

**Payment**

- ☐ Check in the amount of the total filing fee.  
☐ Charge Account No. 02-3038 in the amount of the total filing fee. A duplicate of this transmittal sheet is attached.

**Authorization to Charge Additional Fees**

- ☒ The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. §1.16 and §1.17 required by the attached paper and during the entire pendency of this application to Account No. 02-3038.

/Maria T. Bautista/

Date: 2007-07-11

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**In response to the office communication dated April 11, 2007, please amend the above-identified application as follows:**

**Amendments to the Claims** begin on page 2 of this paper.

**Remarks/Arguments** begin on page 8 of this paper.